

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name A NICE RESTAURANT	Telephone Number Est 812-945-4321 Own 502-322-4976	Date of Inspection 03/25/2022	ID#
Address 3129 BLACKISTON MILL ROAD, NEW ALBANY IN 47			
Owner BOBBIE WILLS	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 04/04/2022
Owner's Address 534 VALLEY VIEW RD CORYDON, IN 47112		Menu Type 1 _ 2 _ 3 _ 4 <u>X</u> 5 _	
Person in Charge PAMELA WOOD			
Responsible Person's Email			
Certified Food Handler PAMELA WOOD BOBBIE WILLS			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
294	X			Observed quat sanitizer in bucket to be 100PPM.	TODAY
295	X			Observed soda nozzles to be moldy.	TODAY
345	X		X	Observed ice cubes in the bottom of the handwashing sink. There is a note on the towel dispenser, but it is not being noticed. Manager to retrain staff on usage of the handwashing sink.	RETRAIN STAFF
443	X			Observed chlorine strength of the dishwasher is 200PPM.	TODAY
218		X		Observed puddles on the floor of the kitchen due to leaking water heater. Manager stated that plumber is to come out this afternoon and fix the issue.	TO BE CORRECTED 1

Summary of Violations C 4 NC 1 R 1

Received by (name and title printed):

PAMELA WOOD

Inspected by (name and title printed):

Christa Manus EHS

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: